



CITY OF GAHANNA Building & Zoning Division 200 S. Hamilton Rd Gahanna Ohio 43230

## **ELECTRIC PERMIT APPLICATION RESIDENTIAL 1-3 FAMILY DWELLINGS**

### **TYPE OR PRINT ALL INFORMATION**

☐ 1- FAMILY RESIDENTIAL    ☐ 2- FAMILY RESIDENTIAL    ☐ 3- FAMILY RESIDENTIAL    DATE: \_\_\_\_\_  
☐ MULTIPLE PERMIT APPLICATIONS SUBMITTED    APPLICATION # \_\_\_\_\_ OF \_\_\_\_\_  
(Consideration for the assessment of a single \$30.00 Application Verification Fee    (Please indicate the total number of applications being  
will only be made to applications submitted for the SAME ADDRESS at the SAME TIME.    submitted for the SAME ADDRESS at the SAME TIME.  
This fee will be assessed to the first permit request processed.)    Ex: Application #1 of 3; Application #2 of 3; etc.)

TYPE OF PERMIT    ☐ New Construction    Bldg Permit # \_\_\_\_\_  
                                  ☐ Alter Existing                    ☐ Addition to Building

ADDRESS OF JOB \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Working In Unit(s) # \_\_\_\_\_ TAX DISTRICT/PARCEL # \_\_\_\_\_

Tenant Name(s) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

License # \_\_\_\_\_

SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER \_\_\_\_\_

PRINT OR TYPE NAME \_\_\_\_\_

PROPERTY OWNER OF RECORD \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_

PRINT OR TYPE NAME \_\_\_\_\_

SOFT ACCOUNT # \_\_\_\_\_

AUTHORIZED SIGNATURE OF ACCOUNT \_\_\_\_\_

### **RESIDENTIAL 1-3 FAMILY DWELLINGS**

New Construction \_\_\_\_\_ total sq/ft of coverage area    Temporary lighting  # of tents

Addition to an existing building \_\_\_\_\_ total sq/ft of coverage area    State approved industrialized unit

Temporary Service \_\_\_\_\_ Number \_\_\_\_\_ Ampere/Dwelling.

### **ALTERATION OR REPLACEMENT**

Light Fixtures	Switches	Receptacles	Motors/appliances	Air Cond./Heat Pumps	Smoke Detectors	Total Items

SERVICE	Number	Ampere/Dwelling
ELECTRIC HEAT	#Units	OTHER (SPECIFY)

GFI	SUBPANELS	SAFETY DISCONNECTS	SWIMMING POOL HOOKUP
			<input type="text"/>

**ALL FEES ARE NON--REFUNDABLE**

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